 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	x T. Allans	☐ Agent ☐ Addressee
Article Addressed to:	D, is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Citics of Passport Policy. & Advisory Services	MAY - 4 2009	
	The particular and the same of	
1. 11 19th Street NVV, Room 260 Vrashington, DC 20822-1706	3. Service Type Certified Mail Registered Return Rece Insured Mail C.O.D.	il hipt for Merchandise